



Incident Report

Print Date/Time: 12/17/2015 15:42
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2015-00202530

Incident Date/Time: 12/8/2015 9:22:00 AM
Location: 131ST AVE NE / 7TH ST NE
#Error
Phone Number: (619) 940-9693
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: #Error
Venue: Lake Stevens
Source: #Error
Priority: 2
Status: #Error
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0112-Warbis
19D3	SS0075-Christensen
19S10	SS0013-Brooks

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	#Error	#Error	#Error	(619) 940-9693	#Error	#Error	

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
#Error	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

12/08/2015 : 09:47:44 SP0320 Narrative: owners req rescue tow

12/08/2015 : 09:32:46 SP0320 Narrative: ****eval for 2 children involved in col, cabn*****

12/08/2015 : 09:24:52 SP0036 Narrative: LR036

12/08/2015 : 09:23:58 SP0036 Narrative: CC 2 CAR NON INJURY BLOCKING. GRAY SUV/WHIO MAZDA

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E491701**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	15-202530
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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DATE OF COLLISION	12	-	08	-	2015	TIME (2400)	0922	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF		CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input checked="" type="checkbox"/>	NON-INTERSECTION	<input type="checkbox"/>		
131ST AVE NE				BLOCK NO.	<input checked="" type="checkbox"/>	700
				MILE POST		

DISTANCE		MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	7TH ST NE
		FEET	<input type="checkbox"/>	S	<input type="checkbox"/>	W	<input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	NO	PHONE	D: 6199409693
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LAST NAME	WILCOX	FIRST NAME	ROBERT	MIDDLE INITIAL	V
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STREET NEW ADDRESS	<input checked="" type="checkbox"/>	506 129TH CRT NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY	04	-	21	-	1984
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AMA6476	STATE	WA	VIN#	1FMPU16W23LB30137
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	FORD	MODEL	EXPDTN	STYLE	UT	VEHICLE TOWED	YES	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ROBERT WILCOX 506 129TH CT NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4299-01-98-38
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VEHICLE LEGALLY STANDING	YES	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	<input checked="" type="checkbox"/>	YES	NO	PHONE	D: 4252380601
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LAST NAME	GIRARD	FIRST NAME	ANGELA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	<input type="checkbox"/>	13804 MERIDIAN ST
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CITY	LAKE STEVENS	ST	WA	ZIP	982580000
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	GIRARAM307K4	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	05	-	24	-	1970
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	NECK / BACK PAIN
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LICENSE PLATE #	AUV1846	STATE	WA	VIN#	JM3TB3CV5C0349828
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	MAZD	MODEL	CX9	STYLE	UT	VEHICLE TOWED	YES	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KRISTIN GIRARD 13804 MERIDIAN ST LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 976719128
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VEHICLE LEGALLY STANDING	YES	NO	<input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	C. CHRISTENSEN	BADGE OR ID #	0075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E491701**

CASE #

15-202530

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CAMPOS LILIAN R																
ADDRESS & PHONE # 506 129TH CRT NE LAKE STEVENS WA 98258										SEX U	D.O.B. MMDDYYYY 08	-	12	-	2003			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		GUZMAN KARLY I																
ADDRESS & PHONE # 13804 MERIDIAN ST LAKE STEVENS WA 98258										SEX F	D.O.B. MMDDYYYY 05	-	24	-	1970			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was stopped on 7th St NE at 131st Ave. Unit 2 was southbound on 131st approaching 7th St when Unit 1 entered onto 131st from 7th St, attempting to turn left. Unit 1 did not see Unit 2 and struck Unit 2 the passenger side of the vehicle, pushing it into the northbound lanes of 131st Ave.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-09-15 10:33 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

12/9/2015 9:03:55 PM

BADGE OR ID #

0075

ORI #

WA0311900

TIME POLICE DISPATCHED

9:23 AM

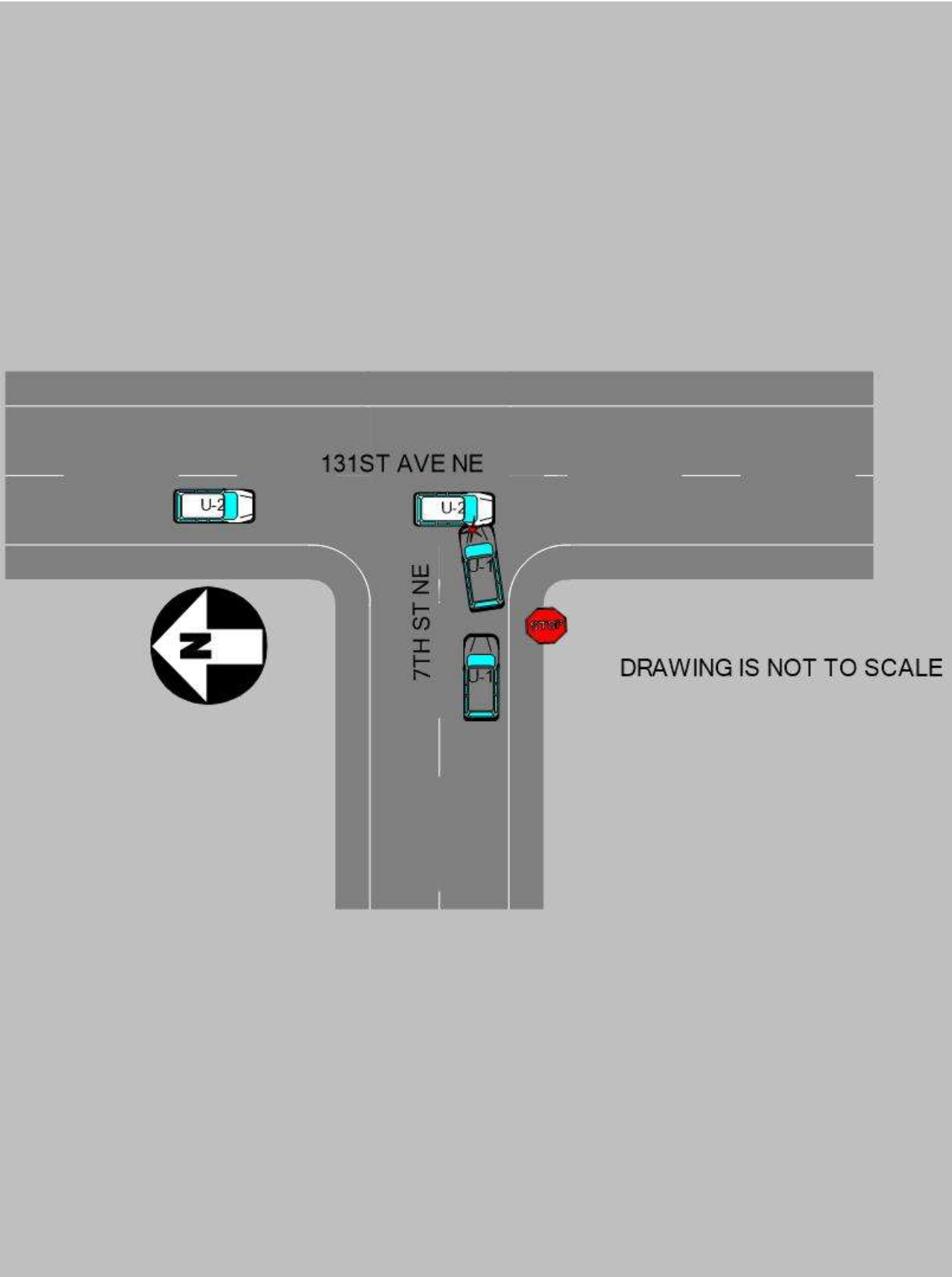
TIME POLICE ARRIVED

9:37 AM

REPORT NO. E491701

CASE # 15-202530

DATE AND TIME
OF COLLISION 12/08/15 09:22



LAKE STEVENS POLICE DEPARTMENT**VICTIM/WITNESS STATEMENT**

CASE NUMBER 15-20530

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) WILCOX, ROBERT	RACE W	ETH W	SEX M	DOB 05/21/1984	AGE 31	HGT 5'10"	WGT 185	HAIR BRN	EYES BLU
STREET ADDRESS 506 29th Ct NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS CITIZEN		
HOME PHONE		CELL PHONE (616) 440-9693		PLACE OF EMPLOYMENT U.S. NAVY						
WORK PHONE (425) 340-3571		EMAIL ADDRESS robwilcox87@gmail.com								

I, ROBERT WILCOX, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

WHILE DRIVING MY DAUGHTER TO SCHOOL. I WAS MAKING A TURN ON 131st AVENUE FROM 7th AVE. I HAD LOOKED LEFT, RIGHT AND LEFT AGAIN. I DID NOT SEE ANY VEHICLES COMING. ONCE I MADE THE TURN LEFT I WAS STRUCK ON THE FRONT END OF MY VEHICLE. I TRIED TO HIT THE BRAKES AND MY VEHICLE WENT FORWARD INTO THE INTERSECTION. BOTH VEHICLES WERE STUCK IN THE INTERSECTION.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 2015 APR 8	LOCATION SIGNED LAKE STEVENS, WA
OFFICER/NUMBER: C. Chmura #75	DATE SIGNED 12/8/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

LAKE STEVENS POLICE DEPARTMENT**VICTIM/WITNESS STATEMENT**

CASE NUMBER 15-202530

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Girard, Angie Michelle	RACE	ETH	SEX F	DOB 5/24/70	AGE 45	HGT 5'8"	WGT 150	HAIR BRN	EYES BLU
STREET ADDRESS 13804 meridian Street		CITY Lake Stevens		STATE WA		ZIP 98253	RES. STATUS			
HOME PHONE 425 2380601		CELL PHONE 425 2380601		PLACE OF EMPLOYMENT Nanny						
WORK PHONE		EMAIL ADDRESS								

I, Angie Girard, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Traveling South on 131st Ave NE
car pulled out of Street (7th St)
hit on right front and push into oncoming traffic

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Angie Girard</u>	DATE SIGNED 12/8/15	LOCATION SIGNED
OFFICER/NUMBER: <u>C. Christ #15</u>	DATE SIGNED 12/8/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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